



Application Data Sheet

Application Information

Application number:: 10/722,837
Filing Date:: 11/26/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: MULTI-FUNCTIONAL SURGICAL CONTROL
SYSTEM AND SWITCHING INTERFACE
Attorney Docket Number:: 022001-000902US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yulun
Middle Name::
Family Name:: Wang
Name Suffix::
City of Residence:: Goleta
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 370 Vereda Leyena
City of Mailing Address:: Goleta
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 93117

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Charles
Middle Name:: S.
Family Name:: Jordan
Name Suffix::
City of Residence:: Santa Barbara
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2431 Calle Galicia
City of Mailing Address:: Santa Barbara
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 93109

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Darrin
Middle Name:: R.
Family Name:: Uecker
Name Suffix::
City of Residence:: Santa Barbara
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1430 De La Vina, #A
City of Mailing Address:: Santa Barbara
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 93101

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/929,024	09/15/97
08/929,024	Continuation of	08/771,885	12/23/96
08/771,885	Continuation of	08/669,629	06/24/96

Foreign Priority Information

Country::	Application number::	Filing Date::
PCT	PCT/US97/10158	06/09/97

Assignee Information

Assignee Name::

• Street of mailing address::

• City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::